

Nursing Facility/Skilled Nursing Facility Provider Call

Wednesday, February 15, 2023

1:00 PM – 2:00 PM

Beverly Clark

1. Welcome

- Session is being recorded.
- All participants are muted, please keep phones muted during the call.
- Q&A session – **All** participants should submit questions to LTC@health.ok.gov, we will answer as many questions as time allows on the call
 - Online participants may post questions in the Q&A box, these questions will be answered in the FAQ document
 - Only questions sent to the LTC email box will be answered during the call
- Phone number 405.426.8200
- Fax Incidents/Form 283 to 1-866-239-7553.
- To request emails from Gov.Delivery.com email Diane Henry at DianeH@health.ok.gov or email LTC@health.ok.gov
- Please join via Team app on the computer to view presentations
- Reminders:
 - **Guidance for NF/SNF and ICF/IID** comes from CMS QSO Memos and CDC guidance as indicated in the QSO memos.
 - NF/SNF have two key memos that provide guidance on testing and visitation, QSO 20-38 revised 09/23/22 provides information on testing, and QSO 20-39 revised 09/23/22 provides information on visitation
 - ICF/IID should follow QSO 21-14 related visitation
 - **Guidance for Assisted Living/Adult Day Care/Residential Care** comes from CDC guidance and is considered the standard of care related to infection control for COVID-19.

2. Telligen Update

Morgan Satterlee

- Telligen QI facilitators in Oklahoma: Morgan Satterlee, LPN (msatterlee@telligen.com); Tamara Carter, RN (tcarter@telligen.com); and Micki Reyman, (mreyman@telligen.com).
- Telligen contracts with CMS but is not a regulatory entity
- CMS referrals continue for homes with COVID-19 outbreak with five or more residents.
- Telligen offers support and completes onsite visits for homes with lower rates of bivalent booster uptake among residents. Resource materials are provided and/or are available.
- Telligen is reaching out to homes whose resident rates of up-to-date boosters were up to 25% to offer support. This has been recently updated to include any home whose resident rates are below 50% for the bivalent booster.
- There have been changes to the online training events (including root-cause analysis training and plan-do-study-act training). These trainings are offered live once a month and will also be offered on demand. Check <https://www.telligenqiconnect.com/> for details. We can also meet one on one with you over these areas
- We are also offering a seven-part series titled "Wake Up Wednesdays" which began January 25th. This will focus on high-risk medication management, resident safety and quality of care. To register for this series, go to <https://www.telligenqiconnect.com/event/wake-up-wednesday-high-risk-medication-echo-series/>. Session 3, which is scheduled for 8:30 a.m., February 22nd will be "Behavioral Support for Residents in a Long Term Care Setting". If you missed any of the series, the event recordings and materials will be available on demand online
- We also continue to offer the series "Give Your Nursing Home a Boost" each Tuesday at 12:00 p.m. and "Ask an Expert" each Thursday at 11:00 a.m.
- The next "QAPI 101 Mini Collaborative" will began February 9th.
- Telligen is available to support your quality efforts including implementing infection prevention processes, troubleshooting with NHSN, performing gap analysis, and expanding your team's knowledge about quality reporting programs.

3. Grant for Respirator Fit Testing

Kerry Cudd

- Project Coordinator: Kerry Cudd, kerryc@health.ok.gov, phone: 405.808.9217

- Respirator Fit Testing-Train the Trainer:
- Vendor will provide Respirator Fit Testing Train the Trainer education to two identified healthcare workers at approximately 150 SNF/LTC and 150 “other LTCFs”
- Participating facilities will be provided a complete fit testing kit for their facility (300 tests), or they will be provided any supplies needed to complete a kit the facility already has on hand.
- Facilities wishing to participate in this grant activity please complete this learning needs assessment on redcap. This can be accomplished in two ways:
 - Open your camera and point at the QR code to the right and click on the link which will pop up on your screen in yellow. The link will take you directly to the assessment.
 - Or you can enter this link into your URL <https://redcap.health.ok.gov/surveys/> and then you will be prompted to enter the following code: DD8M7X8MJ (code is not case sensitive)
- OSHA requires annual fit testing for anyone who has been fit tested
- If you want to participate, you need to have an OSHA compliant Respiratory Protection Plan in place before we send a vendor out. If you need assistance with that, contact Kerry Cudd.
- You will need to have medical clearance capabilities. The vendor will assist you with this.
- A vendor has been chosen and will begin onsite visits in approximately 3 weeks



4. Healthcare Associated Infections (HAI) Reminder Updates

Rhonda McComas

- Contact: HAI@health.ok.gov or call 405.426.8735
- ICAR Visits (Infection Control Assessment and Response)
 - We are available to provide onsite preventative ICAR visits to review your infection control program as a whole to encompass other areas other than COVID
- Infection Control Preventionist & Administrator – Change Notification
 - We periodically send out our educational offerings or other information via email
 - Please send us an update if you have had a change in the facility’s Infection Preventionist or Administrator

5. QSO-23-05-NH (coding in Section I)

Diane Henry

- [QSO-23-05-NH](#) was released on 01/18/23 pertains to two updates on Nursing Home Care Compare
 - Adjusting Quality Measure Ratings Based on Erroneous Schizophrenia Coding
 - “Percentage of long-stay residents who are receiving antipsychotic medications” is a Quality Measure reported on Nursing Home Compare and is included in the Five Star Rating calculation
 - If a resident has a diagnosis of schizophrenia, Tourette’s Syndrome or Huntington’s disease, the Quality Measure is excluded from the calculation for the Five Star Rating System
 - In 2016, CMS launched a Focused Schizophrenia Onsite Survey to address the inaccurate schizophrenia coding
 - Earlier this year, CMS conducted pilot audits to test effectiveness of the pilot process. During these audits, CMS identified several issues with inaccurate MDS coding pertaining to the diagnosis of schizophrenia. For example, there was an absence of psychiatric evaluations, and lack of behavioral documentation indicating the resident actually had schizophrenia. Many residents had only sporadic behaviors noted in their medical records, and these behaviors were related to dementia, rather than schizophrenia.
 - Schizophrenia is usually diagnosed at a younger age, and is uncommon to develop once a resident is placed in a nursing home.
 - Moving forward, CMS is going to begin conducting offsite audits for the erroneous coding on the MDS. They will examine the facility’s evidence for appropriately documenting, assessing, and coding a diagnosis of schizophrenia in the MDS for residents in a facility.

- Based upon the results, they will adjust the quality measure star ratings for facilities whose audits reveal inaccurate MDS coding
- Facilities that have coding inaccuracies identified through the schizophrenia MDS audit will have their QM ratings adjusted as follows:
 - The Overall QM and long stay QM ratings will be downgraded to one star for six months (this drops the facility's overall star rating by one star).
 - The short stay QM rating will be suppressed for six months.
 - The long stay antipsychotic QM will be suppressed for 12 months.
- Facilities selected for an audit will receive a letter explaining the purpose of the audit, the process that will be utilized, and instructions for providing supporting documentation
- During the audit, the facility will have opportunities to ask questions and seek clarification
- After the audit, the facility will have the opportunity to discuss the audit results with CMS.
- CMS plans to offer facilities the opportunity to forego the audit by admitting they have errors and committing to correct the issue. To incentivize this admission and to promote improvement, for facilities that admit miscoding after being notified by CMS that the facility will be audited, but prior to the start of the audit, CMS will consider a lesser action related to their star ratings than those listed above, such as suppression of the QM ratings (rather than downgrade).
- Be sure to work with your psychiatric providers and your medical director to ensure the appropriate standards and processes are followed related to diagnosing individuals with schizophrenia
- There was an [Errata document to the RAI manual which went out in July 2022](#). It indicated that practitioners that have potentially misdiagnosed a resident with a condition where there was lack of appropriate diagnostic information in the medical record, example mental disorder. It said to not code that diagnosis on the MDS. It also said that a referral from the facility, or the survey team, to the state medical board or board of nursing may be necessary. This would depend on the situation.
- If you need help reducing antipsychotic medications, CMS encourages facilities to contact the state's Quality Improvement Organization (QIO). For Oklahoma, that would be Telligen.
- If you need help coding a diagnosis on the MDS, you can contact the MDShelp@health.ok.gov or call 405.426.8160
- Posting Citations Under Dispute
 - Currently, if a deficiency is in informal dispute, it is not posted to Nursing Home Care Compare. CMS stated this process takes over 60 days, and they indicated that from the surveys over the past two years, there are over 300 citations under informal dispute that are 6 months or older and are still not posted under Nursing Home Compare
 - CMS feels this is not giving transparency to consumers trying to find a nursing home.
 - If the citation is posted, CMS will make a note of whether the citation is under dispute or not. If, based on the results of the IDR/IIDR process, the citations are upheld, they will remain posted and will be included in the calculation of the facility's star rating if applicable. If the citations are overturned (i.e., removed), they will be removed from the website. If the level of scope or severity of a citation is reduced, the citation will be displayed at the reduced level. We note that on average, the majority of citations (approximately 75%) do not change after completion of the IDR/IIDR process.
- We will provide a link to the QSO-23-05-NH memo with next weeks GovDelivery.com. We encourage you to become familiar with the memo.
- Just now received an email from a CMS contractor that the MDS will be transitioning to iQIES as of April 17, 2023. Please identify a Provider Security Official. Oklahoma is at about 75%. If you do not have this official designated, and they have not requested a HARP account and signed up in iQIES, the facility will not be able to submit the MDS data after the transition in April.

6. Federal Regulation Reminders

Shayla Spriggs/Beverly Clark

- Resources: Appendix PP – refer to the Regulation Review, Investigative Protocol, Key Elements of Noncompliance, and Deficiency Categorization
- Use the Critical Element Pathways to assist monitoring your facility practices

- 483.25 F684 Quality of Care – “catch all” tag for those areas not covered in F685 through F700
- 483.80 F880 Infection Prevention and Control
 - Topic: hand washing/hygiene and how it falls under infection control and how it overlaps into so many areas of resident care. Not all areas under infection control will be covered during this presentation
 - Staff member with a Staph infection not washing their hands. Important to wash hands to prevent spread of the infection during resident care.
 - Blood glucose monitors – not washing hands, or gloving, before or after using the monitor, and not cleaning the monitor between resident uses
 - Peri-care (incontinent care) – staff do not wash their hands before providing peri-care, donning gloves, before donning clean gloves during the care and after the care
 - Ask your Infection Preventionist (IP) how do you track, monitor, trend and educate. Monitoring education can be as simple as supporting your staff while they provide peri-care. If you notice they have broken the standard, educate them at that moment to help them understand infection control
 - Consider what your standards of care are and how do you provide quality of care to your residents

7. IDR/IIDR Panel Training and Recruitment

Beverly Clark

- This guidance can be found in Chapter 7
- There is a difference between IDR and IIDR
- Both are important processes for Oklahoma
- The panel requires the involvement of administrators, Directors of Nursing and individuals with industry knowledge to review deficiencies brought before the panel
- You would be representing your facility type
- You will need to complete a Self Study Program to participate as a panel member for IDR/IIDRs
- The IIDR training will include courses from QSEP – you will need to create an account as a Provider at <https://qsep.cms.gov/ProvidersAndOthers/publictraining.aspx>
- Qualifications for IIDR within the contract with CMS
 - Must be 25 years old or older
 - Understanding of Medicare and Medicaid program requirements
 - No felony conviction in connection with the management or operation of a home or facility
- If you have participated in the past, and are wondering why we haven’t contacted you, we may not have your current email information on file
- If you are interested in participating, send an email to LTC@health.ok.gov with “Request IDR/IIDR Training” in the subject line, and we will reach out to you with the training

8. General Comments

Janene Stewart/Dr. LaTrina Frazier

- We are getting a lot of questions related to what will happen once the Public Health Emergency (PHE) ends on May 11, 2023. We are awaiting further information and will send out the information through GovDelivery.com. once we receive it
- If you do not receive the GovDelivery.com, send an email to LTC@health.ok.gov and we will get you signed up
- Quality of Care is important to LTC, and to you, to make sure residents are getting quality of care. If you have questions, please contact LTC for discussion
- Staff vaccination – there have been no changes or updates to the guidance. It does not say your staff have to be fully vaccinated when you hire them, but what are your policies and procedures to get them vaccinated

Questions and Answers
Next call to be announced